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IMPORTANT FAX DOCUMENT

DATE January 5, 2006
NAME Examiner Djenane M. Bayard, Art Unit 2141
COMPANY USPTO
YOUR REF NO. Serial No. 10/611,360
FAX NUMBER (571) 273-8300

INTELLECTUAL PROPERTY ATTORNEYS
NEEDLE & ROSENBERG PC
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997 PEACHTREE STREET
ATLANTA, GEORGIA 30309-3915
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FROM Bernard L. Zidar, Esquire
OUR REFERENCE NO. 03224.0003U1
OUR FAX NUMBER 678-420-9301
NUMBER OF PAGES 17

Please see attached:

1. Transmittal Letter (2 pp);
2. Request for Three Month Extension of Time (2 pp);
3. Response to Office Action dated July 5, 2005 (12 pp); and
4. PTO Form 2038 in the amount of \$1,020.00.

CONFIDENTIALITY NOTE

The information which follows and is transmitted herewith is attorney privileged, trade secret and confidential information intended only for viewing and use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any review, use, communication, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original message to us at the above address.

JAN 05 2006

ATTORNEY DOCKET NO. 03224.0003U1
PATENTIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Gaydos, Jr., *et al.*

Application No. 10/611,360

Filing Date: June 30, 2003

For: "METHOD, APPARATUS, AND
SYSTEM FOR ASYMMETRICALLY
HANDLING CONTENT REQUESTS AND
CONTENT DELIVERY"

Art Unit: 2141

Examiner: Bayard, Djenane M.

Confirmation No. 2659

TRANSMITTAL LETTERMail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450NEEDLE & ROSENBERG, P.C.
Customer Number 23859

January 5, 2006

Sir:

Transmitted herewith is/are the following in the above-identified application:

- | | | | |
|-------------------------------------|----------------------------|-------------------------------------|--|
| <input type="checkbox"/> | Preliminary Amendment | <input checked="" type="checkbox"/> | Petition to Extend Time |
| <input checked="" type="checkbox"/> | Fee as calculated below | <input type="checkbox"/> | Supplemental Declaration |
| <input type="checkbox"/> | No Additional Fee Required | <input type="checkbox"/> | Terminal Disclaimer |
| <input type="checkbox"/> | Corrected Drawings | <input checked="" type="checkbox"/> | Other <u>Response to Office Action</u>
dated July 5, 2005 |

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDITIONAL FEE
Total Claims	57	57	0	X \$50.00		\$0.00
Independent Claims	3	3	0	X \$200.00		\$0.00
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim				+ \$360.00		\$0.00
EXTENSION FEE	1 st Month \$120 <input type="checkbox"/>	2 nd Month \$450 <input type="checkbox"/>	3 rd Month \$1020 <input checked="" type="checkbox"/>	4 th Month \$1590 <input type="checkbox"/>	5 th Month \$2160 <input type="checkbox"/>	\$1,020.00
<input checked="" type="checkbox"/> Reduction by 1/2 for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -						- \$0.00
TOTAL FEE DUE						\$1,020.00

**ATTORNEY DOCKET NO. 03224.0003U1
APPLICATION NO. 10/611,360****Payment:**

- ☐ A check in the amount of \$_____ is enclosed.
- ☒ Payment by credit card in the amount of **\$1,020.00** for the fees designated below. (Form PTO-2038 enclosed).
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.
- ☐ The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$_____ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- ☒ In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

NEEDLE & ROSENBERG, P.C.

Bernard L. Zidar / JS with express
Bernard L. Zidar permission
Registration No. 48,620

NEEDLE & ROSENBERG, P.C.
Customer Number 23859
(678) 420-9300
(678) 420-9301 (fax)

CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence, including any items indicated as attached or included, is being transmitted via facsimile transmission to:
Examiner Djenane M. Bayard, Art Unit 2141, (571) 273-8300, on the date indicated below.

Jason S. Jackson
Jason S. Jackson

1/5/2006
Date